

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN379AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/28/2009
NAME OF PROVIDER OR SUPPLIER ST ANTHONY FAMILY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1885 CASTLE WAY RENO, NV 89512		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a complaint investigation conducted in your facility on 10/8/09 to 10/21/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds for elderly and disabled person, category I. The census at the time of the survey was four. Four resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.</p> <p>The following deficiencies were identified:</p> <p>Complaint intake number NV 00023260 was investigated and substantiated with deficiencies cited at Y 590 and Y1001.</p>	Y 000	<p>RECEIVED</p> <p>DEC 15 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION SPRINGFIELD, NEVADA</p>	
Y 175 SS=F	<p>449.209(4)(b) Health and Sanitation-Hazards</p> <p>NAC 449.209</p> <p>4. To the extent practicable, the premises of the facility must be kept free from:</p> <p>(b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.</p> <p>This Regulation is not met as evidenced by:</p>	Y 175		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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If continuation sheet 1 of 7

Bureau of Health Care Quality & Compliance

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Y 175	Continued From page 1 Based on observations and interviews on 10/8/09-10/21/09, the facility failed to keep the facility free of obstacle and hazards that impede the free movement by 4 of 4 residents Findings include: Observation of the main exit of the facility, the front security door had a device on the inside handle that required special knowledge to open the it. This surveyor was unable to open the door to leave the facility without special instructions from the administrator. In interview, the facility administrator stated that the device was there to prevent Resident #1 from leaving the facility. Severity: 2 Scope: 3	Y 175	y 175) The main door of it of the facility has been change with alarm. When somebody open it will be going on the alarm.	10/10/09 OK Mff	
Y 178 SS=E	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and staff interview on 10/8/09, the facility failed to maintain the floor in 1 of 2 bathrooms (in bedroom #4). The linolium floor was cracked and the layer of vinyl tiles over it were cracked and broken. The duct tape was peeling so it could not be sanitized.	Y 178	y 178) Both bathroom 1 & 2 on room 4 has been change the linolium floor.	10/20/09 OK Mff	

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Y 178	Continued From page 2 Severity: 2 Scope: 2	Y 178		
Y 180 SS=F	449.209(7) Health and Sanitation-Lighting NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. This Regulation is not met as evidenced by: Based on observation and interviews, the facility failed to maintain electrical lighting to ensure the comfort and safety all 4 of 4 residents of the facility. Bedroom #1(Resident #4) did not have a bedside or table lamp for reading. Both bathrooms were lit with single low voltage florescent bulbs. Severity: 2 Scope: 3	Y 180	y180) Bedroom 1 resident has been add one more bulb light to make more bright in her room 100 watts,	OK mff 10/10/09
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 10/8/09, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually.	Y 435	y 435) The fire extinguishers of the facility has been recharged and put the tagged on. attached copy on file.	OK mff 10/29/09

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Accepted 1/12/10 mff

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Y 435	Continued From page 3	Y 435		
Y 590 SS=G	<p>Severity: 2 Scope: 3</p> <p>449.268(1)(a) Resident Rights</p> <p>NAC 449.268 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review and interviews on 10/8/09 - 10/21/09, the administrator failed to ensure that 1 of 4 residents (Resident #1) was not physically restrained and mentally abused by 1 of 2 caregivers (Caregiver #2). Cross Reference Tag Y 050 and Y 1001.</p> <p>Findings include:</p> <p>A report of resident abuse was received on 10/8/09. the report indicated that on 9/30/09, at 12:30 PM, 2 Aging and Disabilities Services employees were at the facility. While the first state employee was interviewing Resident #4, the other was trying to interview Resident #1 who appeared to be agitated and anxious (mumbling and pacing the room and attempted to exit via the front door several times).</p> <p>In interview, both state employees reported they heard they heard Caregiver #2 yell at Resident</p>	Y 590	<p><i>y590)</i> The administrator of the facility talk to the Caregiver 2 all the incident happen she explain it, but still the administrator terminated Caregiver on that day of incident. <i>9/30/09</i></p> <p><i>y590)</i> the caregiver must understand that the resident must have a lot of help and taking care them because of their mental capability and their age.</p>	<p><i>OK</i> <i>12/10/09</i></p> <p><i>12/26/09</i></p>

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BUREAU OF HEALTH CARE
QUALITY AND COMPLIANCE
CARSON CITY, NEVADA

Bureau of Health Care Quality & Compliance

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Y 590	Continued From page 4 #1, "you have to sit, you have to stay here!" and then they witnessed Caregiver #2 was observed to physically pushed Resident #1 into a chair, and then repeatedly restrained her from getting up. Interview of Caregiver #2 on 10/12/09 revealed she got upset that the two state employees just walked into the facility (because she said she forgot to lock the front door). Caregiver #2 reported that Resident #1 was pacing the living room so she helped Resident #1 sit down in a chair and told her to stay there. Interview of the facility's administrator revealed that Caregiver #2 was terminated on 9/30/09 after the state employees notified the administrator of the occurrence. Severity: 3 Scope: 1	Y 590			
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 10/8/09, the facility	Y 859	y 859) When the facility admitt an resident for first time we must check their doctor and have a physical on file.	12/7/09 OK Mf	

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Y 859	Continued From page 5 failed to ensure that 1 of 4 residents received a pre admission physical (Resident #1). Severity: 2 Scope: 1	Y 859		
Y1001 SS=F	449.2758(1) Training Req-Elderly Disabled NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. This Regulation is not met as evidenced by: Based on record review and interview on 10/21-28/09, the facility failed to provide 4 hours of training to 1 of 2 caregivers to meet the needs of all the residents in the facility. Cross reference tag Y 590. Review of the employment file of Caregiver #2 revealed her date of hire was 12/24/08. The file	Y1001	y1001) The facility will be required a class for the caregiver to attend related for abused and neglect for residents. y1001) The caregiver of the facility will train how to give respect and polite to talk to the resident gently and soft, and lower their voice.	12/9/09 OK 12/26/09

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DEC 30 2009

HEALTH CARE QUALITY & COMPLIANCE
DIVISION
RENO, NV

Bureau of Health Care Quality & Compliance

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Y1001	Continued From page 6 did not contain evidence of documentation of training to meet the need of the residents. Severity: 3 Scope: 3	Y1001			

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